## REQUEST FOR REGISTRATION OR MODIFICATION OF A COMMODITY RESALE SYSTEM

(Cooperative Purchasing Form CP-2060)

## RETURN COMPLETED FORM TO:

Cooperative Purchasing Division of Local Government Services PO Box 803 Trenton NJ 08625-0803 Attn: Nicola Reid					
CY/C/TOTAL NAME OF THE OWNER O	ACTION REQUESTED				
SYSTEM NAME	SYSTEM	MEMBE	MEMBER(S) COMMO		ODITY(S)
	Register Renew	Add	Delete	Add	Delete
LEAD AGENCY	MEMBER(S)				
COMMODITY(S) TO BE SOLD					
Gasoline Diesel Fuel Sno	ow Removal Chemicals  Public Works Materials				
This is to certify that the requirements of N.J.S.A. 40A:11-1 et seq. and N.J.AC. 5:34-1 et seq. are understood and the proposed activity is in compliance with them.					
ORIGINAL SIGNATURE:	E-MAIL ADDRESS:				
NAME:	ADDRESS:				
TITLE:					
PHONE:					
DATE:					
FOR USE BY THE DIVISION OF LOCAL GOVERNMENT SERVICES					
RECEIVED:		REGISTRATION EXPIRES:			
DISAPPROVED APPROVAL EFFECTIVE:		IDENTIFIER:			
A2060.DOC					